

UTILITY PATENT APPLICATION TRANSMITTAL <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	Attorney Docket No.	A-9141
	First Inventor or Application No.	SCHOENBLUM
	Title	A DIGITAL STREAM TRANSCODER WITH A HYBRID-RATE CONTROLLER
	Express Mail Label No.	EL970104537US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																														
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>53</u>]	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies																														
3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>13</u>] 4. Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)	ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement [] Power of (when there is an assignee) Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure [] Copies of IDS Statement (IDS)/PTO-1449 (COPIES) Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity [] Statement filed in prior application, Statement(s) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:																														
16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: 10/635,406 (A-9049) Prior application information: Examiner: UNKNOWN Group Art Unit: UNKNOWN																															
17. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code 05642 or <input type="checkbox"/> Correspondence address below																															
<table border="1"> <tr><td>Name</td><td colspan="5"></td></tr> <tr><td>Address</td><td colspan="5"></td></tr> <tr><td>City</td><td colspan="5"></td></tr> <tr> <td>Country</td> <td>Telephone</td> <td>State</td> <td>Zip Code</td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Fax</td> <td colspan="2"></td> </tr> </table>		Name						Address						City						Country	Telephone	State	Zip Code						Fax		
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Name (Print/type)	SHELEY L. COUTURIER	Registration No. (Attorney/Agent)	47,503
Signature	<i>S. Couturier</i>	Date	SEPTEMBER 9, 2003

Docket No.: A-9141

22313-1450 PTO
10/658131
09/09/03

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: SCHOENBLUM
DOCKET NO.: A-9141
TITLE: A DIGITAL STREAM TRANSCODER WITH A HYBRID-RATE
CONTROLLER

SEPTEMBER 9, 2003

FEE TRANSMITTAL FORM

Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	2	3	0	\$ 84.00	\$000.00
Total Claims	51	20	31	\$ 18.00	\$558.00
Multiple Dependent Claims				\$280.00	\$000.00
Basic Filing Fee				\$750.00	\$750.00
Total Filing Fee					\$1,308.00

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

Scientific-Atlanta, Inc.
Intellectual Property Dept. MS 4.3.510
5030 Sugarloaf Parkway
Lawrenceville GA 30044

By:



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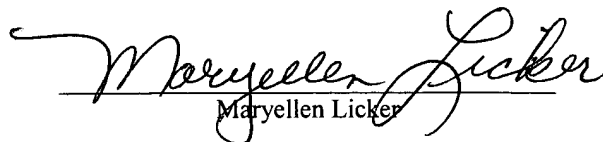
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Maryellen Licker